



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 17, 2023

Pamela Johnsen  
Dearing Homes  
9471 Ridge Rd  
Goodrich, MI 48438

RE: License #: AS250405117  
**Nathan's Place**  
**2444 Oakridge Dr.**  
**Flint, MI 48507**

Dear Ms. Johnsen:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The license is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "C. Garza".

Christina Garza, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 240-2478



**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250405117
<b>Licensee Name:</b>	Dearing Homes
<b>Licensee Address:</b>	9471 Ridge Rd Goodrich, MI 48438
<b>Licensee Telephone #:</b>	(810) 853-2995
<b>Licensee/Licensee Designee:</b>	Pamela Johnsen
<b>Administrator:</b>	Pamela Johnsen
<b>Name of Facility:</b>	Nathan's Place
<b>Facility Address:</b>	2444 Oakridge Dr. Flint, MI 48507
<b>Facility Telephone #:</b>	(810) 410-4012
<b>Original Issuance Date:</b>	07/01/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/29/2021

Date of Bureau of Fire Services Inspection if applicable: 08/02/2021

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Administrator

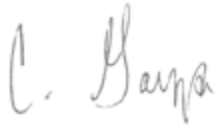
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒  
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility is in compliance with all applicable rules and statutes.

### **IV. RECOMMENDATION**

I recommend issuance of a 2-year regular adult foster care license.



1/17/2023

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Christina Garza  
Licensing Consultant

Date